

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE  
09 FEB -4 PM 12:57

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Wyden for Senate

ADDRESS (number and street)

PO Box 3498



Check if different than previously reported. (ACC)

Portland

OR

97208

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00308676

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

OR

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

in the State of

5. Covering Period

10

01

2008

through

12

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Louis Savage

Signature of Treasurer

*Louis Savage*

Date

01

23

2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Wyden for Senate

Report Covering the Period:

From:

M M D D Y Y Y Y  
1 0 0 1 2 0 0 8

To:

M M D D Y Y Y Y  
1 2 3 1 2 0 0 8

COLUMN A  
This Period

COLUMN B  
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)).....

60331.16

733464.49

(b) Total Contribution Refunds  
(from Line 20(d)).....

0.00

2340.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)).....

60331.16

731124.49

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17).....

82780.21

1225583.62

(b) Total Offsets to Operating  
Expenditures (from Line 14).....

0.00

6964.91

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)).....

82780.21

1218618.71

8. Cash on Hand at Close of  
Reporting Period (from Line 27).....

1118012.10

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0.00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0.00

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

200206032612

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Wyden for Senate

Report Covering the Period:

From:

M M D D Y Y Y Y  
1 0 0 1 2 0 0 8

To:

M M D D Y Y Y Y  
1 2 3 1 2 0 0 8

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

12318.00

528494.14

(ii) Unitemized.....

400.00

9357.19

(iii) TOTAL of contributions

from individuals..... ▶

12718.00

537851.33

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACS).....

47613.16

195613.16

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

60331.16

733464.49

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....**

4600.00

286768.09

**13. LOANS**

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES**

(Refunds, Rebates, etc.).....

0.00

6964.91

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

2839.85

184309.34

**16. TOTAL RECEIPTS (add Lines**

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

67771.01

1211506.83

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

### **COLUMN A** Total This Period

### **COLUMN B** Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

82780.21

1225583.62

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES.....

0.00

8800.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0.00

0.00

(b) Of all Other Loans.....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees.....

0.00

1440.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs).....

0.00

900.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

2340.00

21. OTHER DISBURSEMENTS.....

100000.00

1267970.00

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ➤

182780.21

2504693.62

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

1233021.30

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....

67771.01

25. SUBTOTAL (add Line 23 and Line 24).....

1300792.31

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

182780.21

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

1118012.10

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 99  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Mahul Amin

Mailing Address 1669 Clear View Drive

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation  
Chairman

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

500.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23910

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

William Brien

Mailing Address 602 N. Oakhurst Drive

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

500.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23904

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Ron Galperin

Mailing Address 9316 Brurlycrest Drive

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23887

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Mark Gavens

Mailing Address 373 S. Beverly Glen Blvd.

City

Los Angeles

State

CA

Zip Code

90024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation  
Sr. VP/COO

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

500.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23906

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Bruce Gewertz

Mailing Address 9420 Lloydcrest Drive

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai

Occupation  
Physician

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

250.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23920

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Arnold Gilberg

Mailing Address 9730 Wilshire Blvd  
Suite 101

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

500.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23898

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 / 99	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Steven Gordon

Mailing Address 1617 Mandenue Canyon

City

Los Angeles

State

CA

Zip Code

90049

FEC ID number of contributing federal political committee.

C

Name of Employer  
Domino Realty

Occupation  
Owner

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.23912

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Thomas Gordon

Mailing Address 4019 Hayvenhurst Drive

City

Encino

State

CA

Zip Code

91436

FEC ID number of contributing federal political committee.

C

Name of Employer  
Cedars- Sinai Medical Gro-  
up

Occupation  
CEO

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.23922

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Jeffrey Haber

Mailing Address 515 S. Flower Street  
25th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing federal political committee.

C

Name of Employer  
Paul Hastings, Janofsky,  
Walker

Occupation  
Attorney

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

12 / 31 / 2008

Transaction ID: SA11AI.23900

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 8 / 99			
(check only one)				
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Linda Koffman

Mailing Address 130 South Flores Street  
#204

City State Zip Code  
Los Angeles CA 90048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bryan Cave, LLP

Occupation  
Attorney

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2088.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23928

Amount of Each Receipt this Period

568.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Joshua Lamel

Mailing Address 7 Columbia Avenue

City State Zip Code  
Takoma Park MD 20912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ITAA

Occupation  
Policy Counsel

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 07 / 2008

Transaction ID: SA11AI.23877

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Shlomo Melmed

Mailing Address 9437 Cresta Drive

City State Zip Code  
Los Angeles CA 90035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation  
Physician

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
11 / 21 / 2008

Transaction ID: SA11AI.23929

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2068.00

TOTAL This Period (last page this line number only) .....





**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Tom Priselac

Mailing Address 2430 26th Street

City

Santa Monica

State

CA

Zip Code

90405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars Sinai Medical Cent-  
er

Occupation

President & CEO

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

1000.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23918

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Eric Schmidt

Mailing Address 1600 Amphitheatre Parkway

City

Mountain View

State

CA

Zip Code

94043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Google, Inc.

Occupation

CEO and Chairman of the Board

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

2000.00

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2008

Transaction ID: SA11AI.23879

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Gladys Siegel

Mailing Address 6325 Teesdale Avenue

City

N. Hollywood

State

CA

Zip Code

91606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Receipt For: 2010

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

1000.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23891

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Vince Versage

Mailing Address 211 Duke Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The National Group

Occupation

Partner

Receipt For: 2010

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11AI.23893

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

12318.00

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 99

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City

State

Zip Code

St. Louis

MO

63141

FEC ID number of contributing  
federal political committee.

C C00293910

Name of Employer

Occupation

Receipt For: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2008

Transaction ID: SA11C.23947

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AMERICAN CENTURY COMPANIES INC POLITICAL ACTION COMMITTEE

Mailing Address 4500 MAIN STREET

City

State

Zip Code

KANSAS CITY

MO

64111

FEC ID number of contributing  
federal political committee.

C C00338012

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 21 / 2008

Transaction ID: SA11C.23937

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street  
Room 7-A-50

City

State

Zip Code

San Antonio

TX

78205

FEC ID number of contributing  
federal political committee.

C C00109017

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA11C.23940

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 99

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Block PAC

Mailing Address 4400 Main Street

City

Kansas City

State

MO

Zip Code

64111

FEC ID number of contributing  
federal political committee.

C

C00188177

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2008

Transaction ID: SA11C.23949

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

FINANCIAL SERVICES POLITICAL COMMITTEE

Mailing Address LIBERTY CENTER-27TH FLOOR

City

PITTSBURGH

State

PA

Zip Code

15222

FEC ID number of contributing  
federal political committee.

C

C00162735

Name of Employer

Occupation

Receipt For: 2010

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
10 / 21 / 2008

Transaction ID: SA11C.23933

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

GLACIER PAC

Mailing Address 818 Connecticut Avenue NW  
Suite 1100

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

C00353953

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11C.24306

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 99  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
GOLDEN STATE POLITICAL ACTION COMMITTEE

Mailing Address 1212 S. Victory Blvd.  
SUITE 211

City State Zip Code  
BURBANK CA 91502

FEC ID number of contributing  
federal political committee. **C** C00145342

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11C.23896

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
GOOGLE INC. GOOGLE NETPAC

Mailing Address 1001 Pennsylvania Ave. NW  
Suite 600 South Concourse

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee. **C** C00428623

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA11C.23944

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
IMPACT

Mailing Address 509 Madison Ave.  
Suite 1902

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee. **C** C00348607

Name of Employer Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11C.23884

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 99

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 509 Madison Ave.  
Suite 1902

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

C C00348607

Name of Employer

Occupation

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11C.23886

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

INTERACTIVE CORP POLITICAL ACTION COMMITTEE AKA IACPAC

Mailing Address 152 West 57th Street

City State Zip Code  
New York NY 10019

FEC ID number of contributing  
federal political committee.

C C00371088

Name of Employer

Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1034.00

Date of Receipt

MM / DD / YYYY  
12 / 26 / 2008

Transaction ID: SA11C.24332

Amount of Each Receipt this Period

1034.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

C C00105981

Name of Employer

Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2079.16

Date of Receipt

MM / DD / YYYY  
11 / 15 / 2008

Transaction ID: SA11C.24344

Amount of Each Receipt this Period

2079.16

In-kind - catering, staff  
time

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

8113.16

TOTAL This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 99

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address One Nationwide Plaza  
1-27-10

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

C C00076174

Name of Employer

Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
11 / 10 / 2008

Transaction ID: SA11C.23945

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)  
Oral and Maxillofacial Surgery PAC

Mailing Address 9700 W. Bryn Mawr Ave

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing  
federal political committee.

C C00005660

Name of Employer

Occupation

Receipt For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
11 / 14 / 2008

Transaction ID: SA11C.23950

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)  
PETROLEUM MARKETERS ASSOCIATION OF AMERICAN SMALL BUSINESS COMMITTEE

Mailing Address 1901 North Fort Myer Drive  
Suite 1200

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

C C00035204

Name of Employer

Occupation

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA11C.23942

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....





**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 99

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

WEST LOS ANGELES HEALTH POLITICAL ACTION COMMITTEE

Mailing Address 555 S FLOWER ST.  
STE 4210

City State Zip Code  
LOS ANGELES CA 90071

FEC ID number of contributing  
federal political committee.

C C00198861

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA11C.23902

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

47613.16

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 19 / 99**

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

WYDEN FOR OREGON

Mailing Address 2911 NE HANCOCK STREET

City

PORTLAND

State

OR

Zip Code

97212

FEC ID number of contributing  
federal political committee.

**C** C00436998

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

MM / DD / YYYY  
12 / 02 / 2008

Transaction ID: SA12.24326

Amount of Each Receipt this Period

4600.00

Transfer

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Cow Creek Band of Umpqua Tribe of Indians

Mailing Address 2371 NE Stephens  
Suite 100

City

Roseburg

State

OR

Zip Code

97470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
12 / 02 / 2008

Transaction ID: SA12.24326.0

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Cow Creek Band of Umpqua Tribe of Indians

Mailing Address 2371 NE Stephens  
Suite 100

City

Roseburg

State

OR

Zip Code

97470

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

MM / DD / YYYY  
12 / 02 / 2008

Transaction ID: SA12.24326.1

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) .....

4600.00

TOTAL This Period (last page this line number only) .....

4600.00

2008082626

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 20 / 99	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 900 West Trade Street

City

Charlotte

State

NC

Zip Code

28255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

182168.96

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2008

Transaction ID: SA15.24307

Amount of Each Receipt this Period

1312.73

Interest

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City

Tampa

State

FL

Zip Code

33622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

472.33

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2008

Transaction ID: SA15.23953

Amount of Each Receipt this Period

8.91

Interest

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 900 West Trade Street

City

Charlotte

State

NC

Zip Code

28255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

183076.11

Date of Receipt

MM / DD / YYYY  
11 / 26 / 2008

Transaction ID: SA15.23951

Amount of Each Receipt this Period

907.15

Dividend

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2228.79

TOTAL This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 99

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City

Tampa

State

FL

Zip Code

33622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.96

Date of Receipt

MM / DD / YYYY  
11 / 28 / 2008

Transaction ID: SA15.23952

Amount of Each Receipt this Period

8.63

Interest

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 900 West Trade Street

City

Charlotte

State

NC

Zip Code

28255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

183669.62

Date of Receipt

MM / DD / YYYY  
12 / 30 / 2008

Transaction ID: SA15.23954

Amount of Each Receipt this Period

593.51

Dividend

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City

Tampa

State

FL

Zip Code

33622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

489.88

Date of Receipt

MM / DD / YYYY  
12 / 31 / 2008

Transaction ID: SA15.23955

Amount of Each Receipt this Period

8.92

Interest

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

611.06

TOTAL This Period (last page this line number only) .....

2839.85

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 99

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.23861

Date of Disbursement

10 / 03 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

54.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.23865

Date of Disbursement

10 / 15 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

628.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.23866

Date of Disbursement

10 / 15 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

69.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

752.70

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 99

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24093

Date of Disbursement

10 / 16 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Fees

Candidate Name

001

Category/  
Type

Amount of Each Disbursement this Period

6.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24317

Date of Disbursement

10 / 20 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

Candidate Name

001

Category/  
Type

Amount of Each Disbursement this Period

17.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.23870

Date of Disbursement

10 / 31 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

Candidate Name

001

Category/  
Type

Amount of Each Disbursement this Period

62.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

85.69

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23871

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

628.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24096

Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

6.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

ADP

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23875

Date of Disbursement

11 / 14 / 2008

Amount of Each Disbursement this Period

628.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1262.14

TOTAL This Period (last page this line number only)



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.23876

Date of Disbursement

11 / 14 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

62.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24076

Date of Disbursement

11 / 30 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

62.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24077

Date of Disbursement

11 / 30 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

628.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

753.36

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24097

Date of Disbursement

12 / 10 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Fees

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

6.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24083

Date of Disbursement

12 / 15 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

628.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24084

Date of Disbursement

12 / 15 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

001

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

62.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

696.71

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24085

Date of Disbursement

12 / 29 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

54.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24089

Date of Disbursement

12 / 31 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Processing

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

62.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

ADP

Transaction ID: SB17.24090

Date of Disbursement

12 / 31 / 2008

Mailing Address 4099 SE International Way  
Suite #220

City Milwaukie State OR Zip Code 97220

Purpose of Disbursement

Payroll Taxes

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

628.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

745.70

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City State Zip Code  
 Anaheim Hills CA 92817-8056

Purpose of Disbursement  
 Telephone Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23828

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

280.25

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City State Zip Code  
 Anaheim Hills CA 92817-8056

Purpose of Disbursement  
 Telephone Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23829

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

316.97

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City State Zip Code  
 Anaheim Hills CA 92817-8056

Purpose of Disbursement  
 Telephone Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23831

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

102.64

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

699.86

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City State Zip Code  
Anaheim Hills CA 92817-8056

Purpose of Disbursement

Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23840

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

128.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City State Zip Code  
Anaheim Hills CA 92817-8056

Purpose of Disbursement

Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23841

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

136.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City State Zip Code  
Anaheim Hills CA 92817-8056

Purpose of Disbursement

Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23847

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

104.17

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

369.66

TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

**A.**

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Mailing Address P.O. Box 68056

City Anaheim Hills State CA Zip Code 92817-8056

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23850

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

71.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Mailing Address P.O. Box 68056

City Anaheim Hills State CA Zip Code 92817-8056

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23860

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

218.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)  
AT&T Mobility

Mailing Address P.O. Box 68056

City Anaheim Hills State CA Zip Code 92817-8056

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23959

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

69.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

359.97

TOTAL This Period (last page this line number only) ▶

2 902 909 2 641

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 99

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Transaction ID: SB17.23961

Date of Disbursement

/   /

Mailing Address P.O. Box 68056

City State Zip Code  
Anaheim Hills CA 92817-8056

Amount of Each Disbursement this Period

Purpose of Disbursement

Telephone Service

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Transaction ID: SB17.23974

Date of Disbursement

/   /

Mailing Address P.O. Box 68056

City State Zip Code  
Anaheim Hills CA 92817-8056

Amount of Each Disbursement this Period

Purpose of Disbursement

Telephone Service

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Transaction ID: SB17.23975

Date of Disbursement

/   /

Mailing Address P.O. Box 68056

City State Zip Code  
Anaheim Hills CA 92817-8056

Amount of Each Disbursement this Period

Purpose of Disbursement

Telephone Service

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Auth.net

Mailing Address 10800 NE 8th Street  
Suite 600

City Bellevue State WA Zip Code 98004

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24092

Date of Disbursement

10 / 02 / 2008

Amount of Each Disbursement this Period

20.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Auth.net

Mailing Address 10800 NE 8th Street  
Suite 600

City Bellevue State WA Zip Code 98004

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24095

Date of Disbursement

11 / 04 / 2008

Amount of Each Disbursement this Period

20.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Auth.net

Mailing Address 10800 NE 8th Street  
Suite 600

City Bellevue State WA Zip Code 98004

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24079

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

20.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

61.00

TOTAL This Period (last page this line number only)



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Office Depot

Transaction ID: SB17.23852.1

Date of Disbursement

10 / 31 / 2008

Mailing Address 1901 L Street NW

City  
Washington

State  
DC

Zip Code  
20036

Amount of Each Disbursement this Period

165.24

Purpose of Disbursement

Office Supplies

001

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Veritable Quandary

Transaction ID: SB17.23852.3

Date of Disbursement

10 / 31 / 2008

Mailing Address 1220 SW 1st Avenue

City  
Portland

State  
OR

Zip Code  
97204

Amount of Each Disbursement this Period

18.00

Purpose of Disbursement

Meeting Expenses

001

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Apple Store

Transaction ID: SB17.23852.5

Date of Disbursement

10 / 31 / 2008

Mailing Address 700 SW 5th Ave  
#1035

City  
Portland

State  
OR

Zip Code  
97204

Amount of Each Disbursement this Period

118.00

Purpose of Disbursement

Computer Equipment

001

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City State Zip Code  
Portland OR 97204

Purpose of Disbursement

Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.6

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

84.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

Computer Equipment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.7

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

252.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Wolf Camera

Mailing Address 900 SW 4th Avenue

City State Zip Code  
Portland OR 97204

Purpose of Disbursement

Video Equipment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.8

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

2265.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Office Depot

Transaction ID: SB17.23852.9

Date of Disbursement

10 / 31 / 2008

Mailing Address 1901 L Street NW

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

59.74

Purpose of Disbursement

Office Supplies

001

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Transaction ID: SB17.23852.10

Date of Disbursement

10 / 31 / 2008

Mailing Address 700 NE Multnomah St. #190

City Portland State OR Zip Code 97232

Amount of Each Disbursement this Period

49.90

Purpose of Disbursement

Computer Equipment

001

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Transaction ID: SB17.23852.11

Date of Disbursement

10 / 31 / 2008

Mailing Address 700 NE Multnomah St. #190

City Portland State OR Zip Code 97232

Amount of Each Disbursement this Period

-39.95

Purpose of Disbursement

Credit

001

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Category/  
Type

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

Full Name (Last, First, Middle Initial)

Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City State Zip Code  
Portland OR 97232

Purpose of Disbursement  
Computer Equipment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.12

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

19.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City State Zip Code  
Portland OR 97204

Purpose of Disbursement  
Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.14

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

43.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 1901 L Street NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.15

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

52.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 1915

City  
Beltsville

State  
MD

Zip Code  
20705

Purpose of Disbursement  
Telephone Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.16

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

311.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Fred Meyer

Mailing Address 3800 SE 22nd

City  
Portland

State  
OR

Zip Code  
97202

Purpose of Disbursement  
Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.17

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

34.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address 1901 L Street NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement  
Office Supplies

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.18

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

40.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel Agent Fee

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.20

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement

Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.21

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

564.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Trafvel Agent Fee

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.22

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Mailing Address 201 Massachussetts Avenue NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Travel Agent Fee

Candidate Name

002

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23852.23

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address PO Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement

Airfare

Candidate Name

002

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23852.24

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

219.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hudson News 300 OR

Mailing Address 7000 NE Airport Way

City  
Portland

State  
OR

Zip Code  
97218

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For: 2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23852.26

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

24.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

Full Name (Last, First, Middle Initial)

Marriott San Francisco AP

Mailing Address 1800 Old Bayshore Hwy

City State Zip Code  
 Burlingame CA 94010

Purpose of Disbursement  
 Lodging

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.29

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

329.78

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

A.

Full Name (Last, First, Middle Initial)

US Senate Restaraunts

Mailing Address S-120 Capitol

City State Zip Code  
 Washington DC 20510

Purpose of Disbursement  
 Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.30

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

43.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Bistro Bis

Mailing Address 15 E Street NW

City State Zip Code  
 Washington DC 20001

Purpose of Disbursement  
 Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.32

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

72.68

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

[MEMO ITEM]

C.

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address PO Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement

Airfare

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23852.34

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

510.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Paradies Washington National

Mailing Address Washington National Airport

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement

Travel Expenses

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23852.37

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

24.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Washington Flyer Taxi

Mailing Address PO Box 17045

City  
Washington

State  
DC

Zip Code  
20041

Purpose of Disbursement

Taxi Service

002

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23852.42

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

70.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Alaska Air

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.47

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

239.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Alaska Air

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
Travel Fee

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.48

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

15.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Alaska Air

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement  
Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.49

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

199.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Transaction ID: SB17.23852.53

Date of Disbursement

10 / 31 / 2008

Mailing Address 201 Massachussetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Travel Agent Fees

002

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

90.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

United Air

Transaction ID: SB17.23852.56

Date of Disbursement

10 / 31 / 2008

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666

Purpose of Disbursement

Airfare

002

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

730.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Hudson News 300 OR

Transaction ID: SB17.23852.57

Date of Disbursement

10 / 31 / 2008

Mailing Address 7000 NE Airport Way

City Portland State OR Zip Code 97218

Purpose of Disbursement

Travel Expenses

002

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

5.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

Full Name (Last, First, Middle Initial)

Paradies Washington National

Mailing Address Washington National Airport

City Washington State DC Zip Code 20001

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.58

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

23.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Paradies Portland

Mailing Address 7000 NE Airport Way  
Room B1416

City Portland State OR Zip Code 97218

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.59

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

18.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement

Internet Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23852.64

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

55.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) US Senate Restaraunts</p> <p>Mailing Address S-120 Capitol</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.23852.68</p> <p>Date of Disbursement MM / DD / YYYY 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 107.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address 942 S Shady Grove Road</p> <p>City Memphis State TN Zip Code 38120</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.23852.70</p> <p>Date of Disbursement MM / DD / YYYY 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 28.58</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) IMDb</p> <p>Mailing Address P.O. Box 81226</p> <p>City Seattle State WA Zip Code 98108</p> <p>Purpose of Disbursement Internet Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.23852.71</p> <p>Date of Disbursement MM / DD / YYYY 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 12.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alamo Rent-A-Car</p> <p>Mailing Address 24530 East 78th Ave</p> <p>City State Zip Code Denver CO 80249</p> <p>Purpose of Disbursement Rental Car</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23852.72</p> <p>Date of Disbursement MM / DD / YYYY 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 124.56</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Best Buy</p> <p>Mailing Address PO Box 9312</p> <p>City State Zip Code Minneapolis MN 55440</p> <p>Purpose of Disbursement Office Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23852.75</p> <p>Date of Disbursement MM / DD / YYYY 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 290.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 815 NW Hoyt</p> <p>City State Zip Code Portland OR 97208</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.23852.76</p> <p>Date of Disbursement MM / DD / YYYY 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 18.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address PO Box 2930

City  
Phoenix

State  
AZ

Zip Code  
85062

Purpose of Disbursement  
Credit Card Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24094

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

158.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 900 West Trade Street

City  
Charlotte

State  
NC

Zip Code  
28255

Purpose of Disbursement  
Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24318

Date of Disbursement

11 / 26 / 2008

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City  
Tampa

State  
FL

Zip Code  
33622

Purpose of Disbursement  
Credit Card Merchant Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24078

Date of Disbursement

12 / 01 / 2008

Amount of Each Disbursement this Period

61.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

244.70

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City  
Tampa

State  
FL

Zip Code  
33622

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23966

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

8585.39

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

A.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Computer Equipment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23966.1

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

219.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Apple Store

Mailing Address 700 SW 5th Ave  
#1035

City  
Portland

State  
OR

Zip Code  
97204

Purpose of Disbursement  
Computer Equipment

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23966.2

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

189.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

SUBTOTAL of Disbursements This Page (optional)

8585.39

TOTAL This Period (last page this line number only)

2000



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Apple Store

Transaction ID: SB17.23966.14

Date of Disbursement

12 / 02 / 2008

Mailing Address 700 SW 5th Ave  
#1035

City State Zip Code  
Portland OR 97204

Purpose of Disbursement

Computer Equipment

Candidate Name

001

Category/  
Type

Amount of Each Disbursement this Period

99.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Paradies Portland

Transaction ID: SB17.23966.17

Date of Disbursement

12 / 02 / 2008

Mailing Address 7000 NE Airport Way  
Room B1416

City State Zip Code  
Portland OR 97218

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Amount of Each Disbursement this Period

18.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Transaction ID: SB17.23966.19

Date of Disbursement

12 / 02 / 2008

Mailing Address 201 Massachussetts Avenue NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

Travel Agent Fees

Candidate Name

002

Category/  
Type

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address PO Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement

Airfare

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.21

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

730.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Valley River Inn

Mailing Address 1000 Valley River Way

City  
Eugene

State  
OR

Zip Code  
97401

Purpose of Disbursement

Lodging

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.22

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

276.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Hudson News 300 OR

Mailing Address 7000 NE Airport Way

City  
Portland

State  
OR

Zip Code  
97218

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.23

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

4.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
Paradies Portland

Transaction ID: SB17.23966.26

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Mailing Address 7000 NE Airport Way  
Room B1416

City State Zip Code  
Portland OR 97218

Purpose of Disbursement  
Travel Expenses

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Carroll Travel

Transaction ID: SB17.23966.28

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Mailing Address 201 Massachussetts Avenue NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Travel Agent Fees

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Paradies Portland

Transaction ID: SB17.23966.30

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Mailing Address 7000 NE Airport Way  
Room B1416

City State Zip Code  
Portland OR 97218

Purpose of Disbursement  
Travel Expenses

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

11.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

200200020007

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

United Air

Transaction ID: SB17.23966.33

Date of Disbursement

12 / 02 / 2008

Mailing Address PO Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Amount of Each Disbursement this Period

113.50

Purpose of Disbursement

Airfare

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Hudson News 300 OR

Transaction ID: SB17.23966.35

Date of Disbursement

12 / 02 / 2008

Mailing Address 7000 NE Airport Way

City  
Portland

State  
OR

Zip Code  
97218

Amount of Each Disbursement this Period

19.42

Purpose of Disbursement

Travel Expenses

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Ringside

Transaction ID: SB17.23966.37

Date of Disbursement

12 / 02 / 2008

Mailing Address 2165 West Burnside

City  
Portland

State  
OR

Zip Code  
97210

Amount of Each Disbursement this Period

106.35

Purpose of Disbursement

Meeting Expenses

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

200203032503



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

International News

Transaction ID: SB17.23966.42

Date of Disbursement

12 / 02 / 2008

Mailing Address JFK International Airport

City State Zip Code  
Jamaica NY 11430

Purpose of Disbursement

Travel Expenses

002

Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

14.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Woomi Kyoto Sushi

Transaction ID: SB17.23966.43

Date of Disbursement

12 / 02 / 2008

Mailing Address 201 Massachusetts Ave

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

Meeting Expenses

001

Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

95.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Oceanaire

Transaction ID: SB17.23966.44

Date of Disbursement

12 / 02 / 2008

Mailing Address 1201 F St, NE

City State Zip Code  
Washington DC 20004

Purpose of Disbursement

Meeting Expenses

001

Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

261.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
Carroll Travel

Transaction ID: SB17.23966.45  
Date of Disbursement

Mailing Address 201 Massachussetts Avenue NE

MM / DD / YYYY  
12 / 02 / 2008

City State Zip Code  
Washington DC 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Travel Agent Fees

002

60.00

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Accounting Office

Transaction ID: SB17.23966.46  
Date of Disbursement

Mailing Address S-309 Capitol

MM / DD / YYYY  
12 / 02 / 2008

City State Zip Code  
Washington DC 20510

Amount of Each Disbursement this Period

Purpose of Disbursement  
Catering

001

213.43

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
United Air

Transaction ID: SB17.23966.47  
Date of Disbursement

Mailing Address PO Box 66100

MM / DD / YYYY  
12 / 02 / 2008

City State Zip Code  
Chicago IL 60666

Amount of Each Disbursement this Period

Purpose of Disbursement  
Airfare

002

180.00

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Alaska Air

Mailing Address PO Box 68900

City  
Seattle

State  
WA

Zip Code  
98168

Purpose of Disbursement

Airfare

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.49

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

144.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

International News

Mailing Address JFK International Airport

City  
Jamaica

State  
NY

Zip Code  
11430

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.51

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

16.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 942 S Shady Grove Road

City  
Memphis

State  
TN

Zip Code  
38120

Purpose of Disbursement

Shipping

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.64

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Amount of Each Disbursement this Period

147.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Ringside

Transaction ID: SB17.23966.66

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2008

Mailing Address 2165 West Burnside

City State Zip Code  
Portland OR 97210

Purpose of Disbursement  
Meeting Expenses

001

Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

155.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Market of Choice

Transaction ID: SB17.23966.68

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2008

Mailing Address 8502 SW Terwilliger Blvd

City State Zip Code  
Portland OR 97219

Purpose of Disbursement  
Food and Beverage

002

Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

6.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Carroll Travel

Transaction ID: SB17.23966.72

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 02 / 2008

Mailing Address 201 Massachussetts Avenue NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Travel Agent Fees

002

Category/  
Type

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

60.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Continental Air

Mailing Address PO Box 4607

City  
Houston

State  
TX

Zip Code  
77210

Purpose of Disbursement  
Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23966.73

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

509.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address PO Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement  
Airfare

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23966.74

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

540.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Computer Equipment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23966.75

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

51.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Paradise Bakery

Transaction ID: SB17.23966.76

Date of Disbursement

12 / 02 / 2008

Mailing Address 1310 SW 3rd Avenue

City Portland State OR Zip Code 97201

Amount of Each Disbursement this Period

25.60

Purpose of Disbursement

Meeting Expenses

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Shell Oil

Transaction ID: SB17.23966.77

Date of Disbursement

12 / 02 / 2008

Mailing Address 5110 River Road

City Bethesda State MD Zip Code 20816

Amount of Each Disbursement this Period

36.00

Purpose of Disbursement

Travel Expenses

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Starbucks

Transaction ID: SB17.23966.78

Date of Disbursement

12 / 02 / 2008

Mailing Address PO Box 3717

City Seattle State WA Zip Code 98124

Amount of Each Disbursement this Period

11.10

Purpose of Disbursement

Meeting Expenses

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Paradise Bakery

Transaction ID: SB17.23966.81

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Mailing Address 1310 SW 3rd Avenue

City  
Portland

State  
OR

Zip Code  
97201

Purpose of Disbursement  
Meeting Expenses

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

6.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Great Wine Buys

Transaction ID: SB17.23966.82

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Mailing Address 1515 NE Broadway St.

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Catering

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

798.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Transaction ID: SB17.23966.89

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Mailing Address 9605 SW Nimbus Ave

City  
Beaverton

State  
OR

Zip Code  
97008-7198

Purpose of Disbursement  
Internet Service

001

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

55.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Starbucks

Transaction ID: SB17.23966.90

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address PO Box 3717

City State Zip Code  
Seattle WA 98124

Amount of Each Disbursement this Period

5.25

Purpose of Disbursement  
Meeting Expenses

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Zupan's Market

Transaction ID: SB17.23966.94

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address 7223 NE Hazel Dell Avenue

City State Zip Code  
Vancouver WA 98665

Amount of Each Disbursement this Period

26.20

Purpose of Disbursement  
Food and Beverage

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Starbucks

Transaction ID: SB17.23966.96

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address PO Box 3717

City State Zip Code  
Seattle WA 98124

Amount of Each Disbursement this Period

13.30

Purpose of Disbursement  
Meeting Expenses

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Shell Oil

Transaction ID: SB17.23966.97

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address 5110 River Road

City State Zip Code  
Bethesda MD 20816

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Amount of Each Disbursement this Period

18.39

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Enterprise Rent A Car

Transaction ID: SB17.23966.99

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address 445 SW Pine

City State Zip Code  
Portland OR 97204

Purpose of Disbursement

Car Rental

Candidate Name

002

Category/  
Type

Amount of Each Disbursement this Period

231.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

IMDb

Transaction ID: SB17.23966.103

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address P.O. Box 81226

City State Zip Code  
Seattle WA 98108

Purpose of Disbursement

Internet Service

Candidate Name

001

Category/  
Type

Amount of Each Disbursement this Period

12.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Enterprise Rent A Car

Mailing Address 445 SW Pine

City  
Portland

State  
OR

Zip Code  
97204

Purpose of Disbursement  
Car Rental

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23966.104

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

93.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AT&T Mobility

Mailing Address P.O. Box 68056

City  
Anaheim Hills

State  
CA

Zip Code  
92817-8056

Purpose of Disbursement  
Telephone Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23966.105

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

280.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address 5110 River Road

City  
Bethesda

State  
MD

Zip Code  
20816

Purpose of Disbursement  
Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23966.107

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

46.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

United Air

Mailing Address PO Box 66100

City  
Chicago

State  
IL

Zip Code  
60666

Purpose of Disbursement

Airfare

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.109

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

704.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Office Depot #832

Mailing Address 323 SE MLK Blvd

City  
Portland

State  
OR

Zip Code  
97214

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.110

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

68.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Washington County Democrats

Mailing Address 12250 SW Broadway

City  
Beaverton

State  
OR

Zip Code  
97005

Purpose of Disbursement

Event Tickets

Candidate Name

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23966.111

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

85.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Russell Street Barbeque

Transaction ID: SB17.23966.115

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address 325 NE Russell Street

City State Zip Code  
Portland OR 97212

Amount of Each Disbursement this Period

225.50

Purpose of Disbursement  
Meeting Expenses

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Bank Of America

Transaction ID: SB17.23976

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address PO Box 2930

City State Zip Code  
Phoenix AZ 85062

Amount of Each Disbursement this Period

3939.27

Purpose of Disbursement  
Credit Card Payment

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Office Depot #832

Transaction ID: SB17.23976.2

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 323 SE MLK Blvd

City State Zip Code  
Portland OR 97214

Amount of Each Disbursement this Period

46.97

Purpose of Disbursement  
Office Supplies

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

3939.27

TOTAL This Period (last page this line number only) .....

29020082681

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Veritable Quandary

Mailing Address 1220 SW 1st Avenue

City State Zip Code  
Portland OR 97204

Purpose of Disbursement

Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.3

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

62.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Portland Mac Store

Mailing Address 700 NE Multnomah St. #190

City State Zip Code  
Portland OR 97232

Purpose of Disbursement

Computer Equipment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.5

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

89.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Apple Store

Mailing Address 700 SW 5th Ave  
#1035

City State Zip Code  
Portland OR 97204

Purpose of Disbursement

Computer Equipment

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.6

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

99.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Verizon

Transaction ID: SB17.23976.10

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address PO Box 1915

City  
Beltsville

State  
MD

Zip Code  
20705

Amount of Each Disbursement this Period

152.70

Purpose of Disbursement  
Internet Service

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Bank of America

Transaction ID: SB17.23976.11

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address PO Box 25118

City  
Tampa

State  
FL

Zip Code  
33622

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement  
Credit Card Annual Fee

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Hudson News 300 OR

Transaction ID: SB17.23976.12

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 7000 NE Airport Way

City  
Portland

State  
OR

Zip Code  
97218

Amount of Each Disbursement this Period

26.88

Purpose of Disbursement  
Travel Expenses

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Hudson News 300 OR

Mailing Address 7000 NE Airport Way

City  
Portland

State  
OR

Zip Code  
97218

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23976.13

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

9.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Market of Choice

Mailing Address 8502 SW Terwilliger Blvd

City  
Portland

State  
OR

Zip Code  
97219

Purpose of Disbursement

Food and Beverage

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23976.14

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

7.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

American Air

Mailing Address PO Box 619612

City  
DFW Airport

State  
TX

Zip Code  
75261

Purpose of Disbursement

Airfare

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23976.15

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Amount of Each Disbursement this Period

609.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Transaction ID: SB17.23976.16

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 201 Massachussetts Avenue NE

City  
Washington

State  
DC

Zip Code  
20002

Amount of Each Disbursement this Period

90.00

Purpose of Disbursement

Travel Agent Fees

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Hilton Eugene

Transaction ID: SB17.23976.19

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 66 East 6th Ave

City  
Eugene

State  
OR

Zip Code  
97401

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement

Lodging

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Hudson News 300 OR

Transaction ID: SB17.23976.20

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 7000 NE Airport Way

City  
Portland

State  
OR

Zip Code  
97218

Amount of Each Disbursement this Period

17.00

Purpose of Disbursement

Travel Expenses

002

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Intercontinental Conference Ctr

Mailing Address 9801 Carnegie Ave

City  
Cleveland

State  
OH

Zip Code  
44106

Purpose of Disbursement  
Lodging

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.23

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Amount of Each Disbursement this Period

228.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Airport Express

Mailing Address 9903 Sant Monica Blvd  
Unit 603

City  
Beverly Hills

State  
CA

Zip Code  
90212

Purpose of Disbursement  
Taxi Service

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.26

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Amount of Each Disbursement this Period

308.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Loews Hotel

Mailing Address 540 Park Avenue

City  
New York

State  
NY

Zip Code  
10065

Purpose of Disbursement  
Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.31

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Amount of Each Disbursement this Period

120.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
International News

Mailing Address JFK International Airport

City State Zip Code  
Jamaica NY 11430

Purpose of Disbursement  
Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.33  
Date of Disbursement

M M / D D / Y Y Y Y  
12 / 30 / 2008

Amount of Each Disbursement this Period

22.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Airport Express

Mailing Address 9903 Sant Monica Blvd  
Unit 603

City State Zip Code  
Beverly Hills CA 90212

Purpose of Disbursement  
Taxi Service

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.35  
Date of Disbursement

M M / D D / Y Y Y Y  
12 / 30 / 2008

Amount of Each Disbursement this Period

78.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Bistro Bis

Mailing Address 15 E Street NW

City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
Meeting Expenses

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.36  
Date of Disbursement

M M / D D / Y Y Y Y  
12 / 30 / 2008

Amount of Each Disbursement this Period

53.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

US Senate Gift Shop

Mailing Address

City  
Washington

State  
DC

Zip Code

Purpose of Disbursement

Office Supplies

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23976.38

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

International News

Mailing Address JFK International Airport

City  
Jamaica

State  
NY

Zip Code  
11430

Purpose of Disbursement

Travel Expenses

Candidate Name

002

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23976.41

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

21.22

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 25118

City  
Tampa

State  
FL

Zip Code  
33622

Purpose of Disbursement

Credit Card Annual Fee

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB17.23976.43

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 3 0 / 2 0 0 8

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Carroll Travel

Transaction ID: SB17.23976.44

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 201 Massachussetts Avenue NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

Travel Agent Fees

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

US Airways

Transaction ID: SB17.23976.45

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 2345 Crystal Drive

City State Zip Code  
Arlington VA 22224

Purpose of Disbursement

Airfare

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

666.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Starbucks

Transaction ID: SB17.23976.47

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address PO Box 3717

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement

Meeting Expenses

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

14.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

## FEC Schedule B ( Form 3 ) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address PO Box 2930

City  
Phoenix

State  
AZ

Zip Code  
85062

Purpose of Disbursement  
Credit Card Annual Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.52

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

35.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

IMDb

Mailing Address P.O. Box 81226

City  
Seattle

State  
WA

Zip Code  
98108

Purpose of Disbursement  
Internet Service

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.53

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

12.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address 942 S Shady Grove Road

City  
Memphis

State  
TN

Zip Code  
38120

Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23976.54

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

178.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Paradise Bakery

Transaction ID: SB17.23976.55

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2008

Mailing Address 1310 SW 3rd Avenue

City  
Portland

State  
OR

Zip Code  
97201

Amount of Each Disbursement this Period

14.37

Purpose of Disbursement  
Meeting Expenses

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

B.

Full Name (Last, First, Middle Initial)

Blue State Digital

Transaction ID: SB17.23835

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2008

Mailing Address 734 15th Street NW  
Suite 1000

City  
Washington

State  
DC

Zip Code  
20005

Amount of Each Disbursement this Period

1550.00

Purpose of Disbursement  
Website Hosting

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

C.

Full Name (Last, First, Middle Initial)

Blue State Digital

Transaction ID: SB17.23856

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2008

Mailing Address 734 15th Street NW  
Suite 1000

City  
Washington

State  
DC

Zip Code  
20005

Amount of Each Disbursement this Period

1550.00

Purpose of Disbursement  
Website Hosting

001

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Blue State Digital

Mailing Address 734 15th Street NW  
Suite 1000

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Website Hosting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23963

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

1550.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Columbia Pacific Building Trades

Mailing Address 3535 SE 86th Avenue

City Portland State OR Zip Code 97266

Purpose of Disbursement  
Event Tickets

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23965

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

40.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Comcast Cable Comm.

Mailing Address 9605 SW Nimbus Ave

City Beaverton State OR Zip Code 97008-7198

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23826

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

55.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1645.95

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF OREGON

Transaction ID: SB17.23854

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

413.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF OREGON

Transaction ID: SB17.23958

Date of Disbursement

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 0 8

Mailing Address 232 NE 9th Ave.  
Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

413.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Harry and David

Transaction ID: SB17.23855

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 8

Mailing Address 1314 Center Drive  
Suite A

City Medford State OR Zip Code 97501

Purpose of Disbursement  
Gift Basket

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1076.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE  
(ICI PAC)

Mailing Address 1401 H STREET NW SUITE 1200

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
In-kind - catering, staff time

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.24346

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2008

Amount of Each Disbursement this Period

2079.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Mailing Address 2911 NE Hancock Street

City  
Portland

State  
OR

Zip Code  
97212

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23862

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2008

Amount of Each Disbursement this Period

802.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Mailing Address 2911 NE Hancock Street

City  
Portland

State  
OR

Zip Code  
97212

Purpose of Disbursement  
Salary

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23867

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2008

Amount of Each Disbursement this Period

802.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3683.40

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Transaction ID: SB17.23872

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2008

Mailing Address 2911 NE Hancock Street

City State Zip Code  
Portland OR 97212

Purpose of Disbursement

Salary

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

802.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Transaction ID: SB17.24073

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2008

Mailing Address 2911 NE Hancock Street

City State Zip Code  
Portland OR 97212

Purpose of Disbursement

Salary

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

802.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Joshua Kardon

Transaction ID: SB17.24080

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2008

Mailing Address 2911 NE Hancock Street

City State Zip Code  
Portland OR 97212

Purpose of Disbursement

Salary

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

802.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2406.36

TOTAL This Period (last page this line number only) ▶





# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Melissa Kardon

Transaction ID: SB17.23873

Date of Disbursement

MM / DD / YYYY  
11 / 14 / 2008

Mailing Address 2911 NE Hancock

City  
Portland

State  
OR

Zip Code  
97212

Amount of Each Disbursement this Period

998.79

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Melissa Kardon

Transaction ID: SB17.24074

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2008

Mailing Address 2911 NE Hancock

City  
Portland

State  
OR

Zip Code  
97212

Amount of Each Disbursement this Period

998.79

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Melissa Kardon

Transaction ID: SB17.24081

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2008

Mailing Address 2911 NE Hancock

City  
Portland

State  
OR

Zip Code  
97212

Amount of Each Disbursement this Period

998.79

Purpose of Disbursement  
Accounting Services

001

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2996.37

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Melissa Kardon

Mailing Address 2911 NE Hancock

City  
Portland

State  
OR

Zip Code  
97212

Purpose of Disbursement  
Accounting Services

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.24087

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2008

Amount of Each Disbursement this Period

998.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Mandate Media

Mailing Address 937 NE Webster

City  
Portland

State  
OR

Zip Code  
97211

Purpose of Disbursement  
Website Maintenance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23836

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2008

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Mandate Media

Mailing Address 937 NE Webster

City  
Portland

State  
OR

Zip Code  
97211

Purpose of Disbursement  
Website maintenance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23857

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2008

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

8998.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Mandate Media

Mailing Address 937 NE Webster

City  
Portland

State  
OR

Zip Code  
97211

Purpose of Disbursement  
Website Maintenance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23969

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 12 / 2008

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

NGP Software

Mailing Address 1225 Eye Street NW  
Suite 1225

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Database Maintenance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23973

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2008

Amount of Each Disbursement this Period

2250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Oregon Food Bank

Mailing Address PO Box 55370

City  
Portland

State  
OR

Zip Code  
97238

Purpose of Disbursement  
Donation

Candidate Name

012

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.23971

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 15 / 2008

Amount of Each Disbursement this Period

14000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

20250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Perkins Coie

Transaction ID: SB17.23834

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2008

Mailing Address 1201 Third Avenue  
40th Floor

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement

Legal Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

90.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Sprint

Transaction ID: SB17.23848

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2008

Mailing Address PO Box 152406

City State Zip Code  
Irvine TX 75015

Purpose of Disbursement

Telephone Service

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

25.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Sprint

Transaction ID: SB17.23962

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2008

Mailing Address PO Box 152406

City State Zip Code  
Irvine TX 75015

Purpose of Disbursement

Telephone

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

25.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

140.80

TOTAL This Period (last page this line number only) ▶

29020082702

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Jocelyn Tyree

Transaction ID: SB17.23864

Date of Disbursement

10 / 15 / 2008

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Amount of Each Disbursement this Period

613.73

Purpose of Disbursement

Salary

001

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Jocelyn Tyree

Transaction ID: SB17.23869

Date of Disbursement

10 / 31 / 2008

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Amount of Each Disbursement this Period

613.72

Purpose of Disbursement

Salary

001

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Jocelyn Tyree

Transaction ID: SB17.23874

Date of Disbursement

11 / 14 / 2008

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Amount of Each Disbursement this Period

613.73

Purpose of Disbursement

Salary

001

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1841.18

TOTAL This Period (last page this line number only) .....

26020002703

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

Jocelyn Tyree

Transaction ID: SB17.24075

Date of Disbursement

11 / 30 / 2008

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Amount of Each Disbursement this Period

613.73

Purpose of Disbursement

Salary

001

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Jocelyn Tyree

Transaction ID: SB17.24082

Date of Disbursement

12 / 15 / 2008

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Amount of Each Disbursement this Period

613.73

Purpose of Disbursement

Salary

001

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Jocelyn Tyree

Transaction ID: SB17.24088

Date of Disbursement

12 / 31 / 2008

Mailing Address 8935 SW Bellflower Street

City Tigard State OR Zip Code 97224

Amount of Each Disbursement this Period

613.73

Purpose of Disbursement

Salary

001

Candidate Name

Category/  
Type

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1841.19

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 94 / 99

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

UPS

Transaction ID: SB17.23832

Date of Disbursement

10 / 10 / 2008

Mailing Address PO Box 650580

City

Dallas

State

TX

Zip Code

75265

Purpose of Disbursement

Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

34.37

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

UPS

Transaction ID: SB17.23846

Date of Disbursement

10 / 28 / 2008

Mailing Address PO Box 650580

City

Dallas

State

TX

Zip Code

75265

Purpose of Disbursement

Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

76.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

UPS

Transaction ID: SB17.23849

Date of Disbursement

10 / 28 / 2008

Mailing Address PO Box 650580

City

Dallas

State

TX

Zip Code

75265

Purpose of Disbursement

Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

32.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

143.72

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 95 / 99

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☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO Box 650580

City  
Dallas

State  
TX

Zip Code  
75265

Purpose of Disbursement  
Shipping

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23851  
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

32.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 1915

City  
Beltsville

State  
MD

Zip Code  
20705

Purpose of Disbursement  
Telephone Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23827  
Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

52.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 1915

City  
Beltsville

State  
MD

Zip Code  
20705

Purpose of Disbursement  
Telephone Service

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23830  
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

156.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

241.64

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23833  
Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

115.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23844  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

40.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 1915

City Beltsville State MD Zip Code 20705

Purpose of Disbursement  
Telephone Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB17.23845  
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

115.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

271.53

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 1915</p> <p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.23853</p> <p>Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 52.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 1915</p> <p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.23858</p> <p>Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 109.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 1915</p> <p>City Beltsville State MD Zip Code 20705</p> <p>Purpose of Disbursement Telephone Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.23960</p> <p>Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 115.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ➤</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ➤</p>	

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ITEMIZED DISBURSEMENTS**

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Wyden for Senate

A.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 1915

City State Zip Code  
Beltsville MD 20705

Purpose of Disbursement  
Internet Service

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB17.23964  
Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

52.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address PO Box 1915

City State Zip Code  
Beltsville MD 20705

Purpose of Disbursement  
Telephone Service

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

001  
Category/  
Type

Transaction ID: SB17.23970  
Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

196.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Ron Wyden

Mailing Address PO Box 3498

City State Zip Code  
Portland OR 97208

Purpose of Disbursement  
Reimbursement for Travel Expenses

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

002  
Category/  
Type

Transaction ID: SB17.23837  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

233.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

483.58

TOTAL This Period (last page this line number only) .....

82671.63

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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PAGE 99 / 99

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☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Wyden for Senate

A.

Full Name (Last, First, Middle Initial)

DSCC

Transaction ID: SB21.24316

Date of Disbursement

M M / D D / Y Y Y Y  
1 1 / 2 6 / 2 0 0 8

Mailing Address 122 Maryland NE

City  
Washington

State  
DC

Zip Code  
20002

Amount of Each Disbursement this Period

100000.00

Purpose of Disbursement  
Transfer

011

Category/  
Type

Candidate Name

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) .....

100000.00

TOTAL This Period (last page this line number only) .....

100000.00

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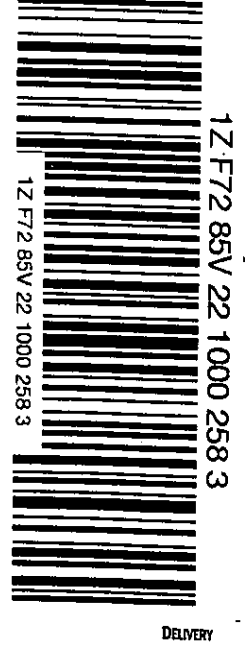
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# United States Senate

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